

12-15-04

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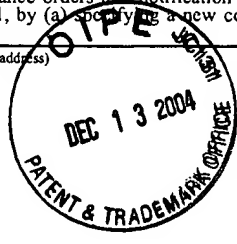
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LAHIVE & COCKFIELD, LLP.  
28 STATE STREET  
BOSTON, MA 02109

12/16/2004 HBERHE1 00000021 120080 09180269

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Cynthia L. Kanik (Depositor's name)  
*Cynthia L. Kanik* (Signature)  
12/13/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/180,269	07/08/1999	KATHRYN LINDSAY BALL	CCI-007US	6599

TITLE OF INVENTION: METHODS AND MEANS FOR INHIBITION OF CDK4 ACTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>XXX</del> \$700.00	\$0	<del>XXX</del> \$700.00	12/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MURPHY, JOSEPH F	1646	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
1 Lahive & Cockfield, LLP  
2 Giulio A. DeConti, Jr.  
3 Cynthia L. Kanik

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cyclacel Limited

Scotland, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10 (ten)

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Cynthia L. Kanik*  
Typed or printed name Cynthia L. Kanik, Ph.D.

Date December 13, 2004  
Registration No. 37,320

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